



Maricopa County

Environmental Services Department

Environmental Health Division
Plan Review Office
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Phoenix, Arizona 85004
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PLAN REVIEW APPLICATION – School Grounds/ Facilities

NOTICE: AN ILLEGIBLE OR INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!

Permission must first be obtained from the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

PLEASE PRINT AND COMPLETE FOR THE PERMIT OFFICE.

- ❖ Name of Establishment _____
Address _____ City _____ State ____ Zip Code _____
Phone () _____
- ❖ Name of Owner (Billing Party) _____
Address _____ City _____ State ____ Zip Code _____
Phone () _____
- ❖ Projected date for start of project _____
- ❖ Projected date for completion of project/ operation of business _____

FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

<u>Quantity</u>	<u>Plan Type</u>	<u>Amount</u>	<u>\$Total</u>
_____	*School Facilities – No Kitchen	\$640.00	_____
_____	Remodel Fee – Approved Only By Plan Review Office Staff		_____
_____	**Expedite Fee	2x fee amount	_____
_____	***Plan Extension Fee	1/2 original fee amount	_____

TOTAL DUE \$ _____

* - An additional permit is required for food service operations, including concession stand(s).
 ** - Establishments in operation or opening within 15 business days of plan submittal will be charged an expedite fee. All inspections are conducted during normal business hours Monday to Friday, between the hours of 8am and 5pm.
 *** The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

- OFFICE USE ONLY -

Plan Review SG #'s _____
 Kind (New, Existing, Remodel, Expedite) _____ Type _____
 Date Received _____ Receipt # _____
 Site Location _____
 Plan Review District # _____
 Old permit SG#'s _____

SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ All existing equipment and finishes must be defined.
- ✓ Site plan showing the location of restrooms, mop basin, playgrounds, ball fields, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

FILL IN OR CHECK ALL THAT APPLY. PLEASE WRITE "n/a" IF NOT APPLICABLE.

- ✓ Type of School: Public ___ Charter ___ Private ___ Parochial ___ Other ___
- ✓ Grade Levels: _____
- ✓ Anticipated Student Enrollment: Male _____ Female _____ Total _____
- ✓ Staff: Male _____ Female _____ Total _____
- ✓ Are showers provided for students and/or staff? Yes ___ No ___
- ✓ Number of building levels on which classes are conducted? _____
- ✓ Sewer Type: Public ___ Septic/ Private _____ Water Supply: Public ___ Well/ Private _____
- ✓ Food Service provided? Yes ___ No ___ Concession Stand(s)? Yes ___ No ___
- ✓ I have obtained the necessary approvals from the proper local City/ County/ State regulatory authorities prior to this submittal? Yes ___ No _____

PLEASE PRINT AND COMPLETE FOR PLAN REVIEW CORRESPONDENCE LETTERS.

Name of Establishment _____
Address _____ City _____ State ___ Zip Code _____
Phone () _____ Fax () _____

Name of Owner (Billing Party) _____
Address _____ City _____ State ___ Zip Code _____
Phone () _____ Fax () _____

Name of Architect _____
Address _____ City _____ State ___ Zip Code _____
Phone () _____ Fax () _____

Name of Contractor _____
Address _____ City _____ State ___ Zip Code _____
Phone () _____ Fax () _____

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

SIGNATURE **TITLE** **DATE**

NOTE: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

❖ FINISH SCHEDULE

INDICATE WHICH TYPE OF MATERIALS WILL BE USED IN THE FOLLOWING AREAS:

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Floor(s)	Wall(s)	Base/Cove	Ceiling(s)	Remarks:
Restroom(s)					
Shower(s)					
Locker Room(s)					
Garbage & Refuse Storage					
Mop Sink Area(s)					

❖ PLUMBING SCHEDULE

INDICATE ALL PLUMBING CONNECTIONS APPLICABLE TO THE ESTABLISHMENT.

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Indirect drain connection/ Air Gap	Direct drain connection/ P-Trap	Backflow Preventer(s)	Condensate Pump	Remarks
Sink(s):					
Hand sink					
Mop					
Ice Machine(s):					
Drinking Fountain/ Water Station(s):					
Water Heater(s): (Indicate size & recovery rate.)					
Other:					

❖ PLUMBING FIXTURE COUNT

Grade Levels: _____ Student Enrollment: Males _____ Females _____ Total _____
 Staff: Males _____ Females _____ Total _____

Fixture counts are based on the 2006 International Plumbing Code and Arizona Administrative Code Title 9, Ch. 8, Article 7.

STUDENT USE	Water Closets**		Urinals***	Lavatories		Drinking Fountains*
	Males	Females	Males	Males	Females	
Day Care - Nursery	1 per 50	1 per 50		1 per 50	1 per 50	1 per 50*
Kindergarten To Eight Grade	1 per 50	1 per 50		1 per 50	1 per 50	1 per 50*
Ninth To Twelfth Grade	1 per 50	1 per 50		1 per 50	1 per 50	1 per 100*
 STAFF USE						
	Water Closets**		Urinals***	Lavatories		
	Males	Females	Males	Males	Females	
All schools	1 per 50	1 per 50		1 per 50	1 per 50	

*Approved water coolers may be substituted for drinking fountains. If a school has more than one floor there must be at least one drinking fountain on each floor.

**Provide toilet facilities on each floor having classrooms.

***Urinals shall not be substituted for more than 67% of the required water closets in assembly and educational occupancies.

Note: At least one (1) mop/service sink or curbed cleaning facility with a floor drain shall be provided on each school grounds. If a school has more than one floor there must be at least one mop/service sink on each floor.

5-23-08 RS